

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015240

STATE FILE NUMBER

2 3388

FILED MAY 1 1959

Registration District No.

Primary Registration District No.

Registrar's No.

300
1-57
274
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS,		c. CITY OR TOWN ST LOUIS,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4512 WESTMINSTER		d. STREET ADDRESS (If outside, give location) 4512 Westminster	
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS GLENNON KIMBER		4. DATE OF DEATH Month Day Year April 2, 1959	
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 18, 1931
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIELD MAN		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIELD MAN		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) SPRINGFIELD MO.
11. BIRTHPLACE (City and state or country) SPRINGFIELD MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CHARLES M. KIMBER		13b. MOTHER'S MAIDEN NAME MARTHA SCHOFIELD	
14. NAME OF HUSBAND OR WIFE MRS MARTHA ANNE KIMBER CORGAN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES KEORAN WAR	
16. SOCIAL SECURITY NO. DONT KNOW		17. INFORMANT Address MRS MARTHA ANNE KIMBER CORGAN RT 2 BOX	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Fracture of the Skull Brain Injury DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not the cause of death) Suffered cardiac attack by infarction in hands of at 4512 Westminister, exact time unknown, on March 31st 1959		INTERVAL BETWEEN ONSET AND DEATH E 983 X	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter none of injury in PART I or PART II (Item 18).) at 4512 Westminister, exact time unknown, on March 31st 1959	
20c. TIME OF INJURY Hour a.m. 3 31 p.m. 59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. CITY, TOWN, OR LOCATION St Louis Mo		20f. COUNTY STATE	
21. I attended the deceased from Death occurred at 726 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Patrick P. Taylor Coroner	
22b. ADDRESS 1300 Clark		22c. DATE SIGNED 4-6-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL TRAIN		23b. DATE 3/6/59	
23c. NAME OF CEMETERY OR CREMATORY SPRINGFIELD CEMETERY		23d. LOCATION (City, town, or county) (State) SPRINGFIELD MO.	
24. FUNERAL DIRECTOR STROOT - CARROLL 4600 NATURAL BRIDGE		25. DATE RECD. BY LOCAL REG. APR 6 '59	
26. REGISTRAR'S SIGNATURE Karl Smith M.D.		27. M. J. R.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed M W R meter

Licensed Embalmer No. 4865

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.